

Questions & Answers
Nursing/Skilled Nursing Facilities Provider Call
Wednesday, August 11th, 2021
1:00 PM – 2:00 PM

Links provided in the Q&A chat box or in Q&A can be located at the end of this document.

Quarantine:

1. Q: What is the requirement for quarantine of fully vaccinated residents with close contact of a positive? Current CDC guidance says one should wear a mask in public and to test within 3-5 days. Does this apply to LTC residents?

A: First let us remind you that guidance for the public does not pertain to healthcare settings and nursing homes are considered healthcare settings. [QSO-20-38-NH Revised](#) does provide guidance related to testing of staff and residents with an exposure. When you have someone with an exposure it is important to look at them from a positive standpoint and understand you are looking at mitigating the risks. This can be a little difficult because you have to consider whether this person has signs and symptoms and that fully vaccinated staff are no longer required to be routinely tested. Remember, isolation for positive cases is 10 days and quarantine is 14 days. Quarantine guidance can be located in the [NH Miscellaneous Grid](#). It reads, "Quarantine/Isolation (applies in most situations):

- Residents should quarantine following prolonged close contact (<6 feet for a cumulative total of >15 minutes over a 24-hour period) with someone infected with COVID-19
- Residents with confirmed SARS-CoV-2 infection who have not met criteria for discontinuation of Transmission-Based Precautions should be placed in the designated COVID-19 care unit
- Regardless of vaccination status or prior infection, any person with new or unexplained symptoms of COVID-19 should be isolated and evaluated for testing...
- Quarantine is no longer recommended for residents who are being admitted to post-acute care facility if they are: fully vaccinated, have not had prolonged close contact with someone infected with COVID-19 in the prior 14 days, or within 90-days of a COVID-19 infection..."

2. Q: Is it recommended for vaccinated staff to home quarantine if they have been exposed to someone with COVID-19?

A: The [NH Miscellaneous Grid](#) states, "Quarantine/Isolation (applies in most situations)..."

- Regardless of vaccination status or prior infection, any person with new or unexplained symptoms of COVID-19 should be isolated and evaluated for testing..." The CDC guidance in [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#) reads, "3. *Work restriction for asymptomatic healthcare personnel and quarantine for asymptomatic patients and residents...Fully vaccinated HCP with [higher-risk exposures](#) who are asymptomatic do not need to be restricted from work for 14 days following their exposure.*"

Guidance can also be located in the CDC [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2](#). Consider the prolonged exposure and if they are symptomatic.

Testing:

3. Q: Just to clarify, we are currently testing based on county positivity rate correct? For example, county positivity rate more than 10% twice weekly, rate of 5-10 weekly, and less than 5 monthly? We use the color on the county positivity rate, not the number?

A: You are correct, you are conducting routine testing for your unvaccinated staff according to the county positivity rate. Fully vaccinated staff are no longer required to be routinely tested. You will test according to the county's color code, not the percentage rate. You will test twice weekly for red, weekly for yellow and monthly for green. [QSO-20-38-NH Revised](#) provides guidance for the routine testing intervals in Table 2 on page 5. The testing intervals can also be located on the [NH Testing Grid](#). Please note CMS has changed the name of the report to Testing Positivity Rate and has changed where the report can be located. The report can be located on the CMS COVID-19 Nursing Home Data page at <https://data.cms.gov/covid-19/covid-19-nursing-home-data>. Scroll down to the section titled *COVID-19 Testing - Please see the Test Positivity Rates Resources* and click the blue hyperlink - *Test Positivity Rates*. The report will download automatically. It no longer downloads as a zip file but as an individual Excel file. This link has been updated in the NH Grids.

4. Q: Is it OK for the employees to swab themselves during employee testing and hand the swab to the staff member conducting the testing and finish the testing process by putting the swab in the card with the reagent? If all staff has been competenced on nasal swabbing, can they swab themselves?

A: No. We want to remind you of the training component and requirements for CLIA. The biggest error with the testing is the actual swabbing of the nares. It is hard to stick something up your own nose and get it where it needs to be. When you are looking at testing, you are not looking at the ease of testing, but making sure you are mitigating. Consider if it is the best practice to have someone swab themselves and what is the level of risk that they will not effectively and adequately swab themselves according to manufacturer's instructions to get the most accurate results.

5. Q: Why would we not test vaccinated staff when they are catching and spreading the virus?

A: Speaking from CMS's guidance and based on the minimum requirements, vaccinated staff do not need to be routinely tested. However, if you have someone who is symptomatic, we recommend testing them regardless of vaccination status. This guidance can be found in [QSO-20-38-NH Revised](#).

6. Q: We are in week 3 of outbreak testing with just 1 positive staff (who is not direct care) in last 8 days, with hot, humid outdoor temperatures. Is considering limited indoor visitation when a situation warrants (not necessarily compassionate care) something that would still fall in facility oriented, yet compliant visitation?

A: This guidance can be located in QSO-20-38-NH Revised, [QSO-20-39-NH Revised](#), the NH Visitation Grid and the NH Testing Grid. It reads,

- *If first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, visitation can resume for residents in areas/units with no COVID-19 cases*
- *If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facility should suspend indoor visitation for residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing...*

You can resume your visitation after one week of no new positives in the areas with no new positives. This is a situation where it might be beneficial to conduct a risk assessment. Consider whether you want your staff working throughout the building or would you want to dedicate them to a specific hall to avoid potential exposures on multiple halls.

7. Q: How do we get trained to COVID test?

A: There are specific staff who would be better skilled at testing, such as your nurses. You will need to review your policy for who the trainer is, what qualifies them to be the trainer and who will they be training. CLIA does not specify who must be trained to conduct the test. However, follow your policy on who will be conducting the test and consider the other testing requirements. There are manufacturer instructions with the devices or cards.

8. Q: Can you go over how to have a COVID positive tested for variant?

A: Refer to the [Long Term Care Facility Guidance for COVID-19 Variant Testing](#) document which can be found in the [LTC COVID-19 Resources](#) on the Provider Guidance page. It was also sent out in a GovDelivery.com. It reads,

"1. COVID-19 variant testing in Oklahoma is only performed at the OSDH Public Health Laboratory (PHL). The PHL variant test results include all of the COVID variants (not just Delta).

a. All positive results may be sent in for variant testing

i. When there are fully vaccinated positives identified, these individuals would be better candidates for variant testing

2. Approval for variant testing by an Acute Disease Service epidemiologist is no longer needed. If COVID-19 variant testing is desired, facilities can pursue one of the following options:

a. Specimens may be forwarded directly if a facility is utilizing a reference laboratory

b. Contact their county health department (CHD) for submitting specimens (drop-off) or to have staff receive a specimen collection for initial testing. If working through the county health department, please call ahead so arrangements can be made for a scheduled time to visit.

c. Alternately they can contact Vanessa Grimaldo in the PHL via email at

Vanessa.Grimaldo@health.ok.gov to arrange for a lab courier including the following details: Facility Name, Contact Name, Phone, Email, Address, Desired Pick-Up date, Description of item being picked up: ex. COVID PCR test specimen or COVID variant testing specimen..."

Staffing:

9. Q: What about staffing issues? Some of us are struggling to find staff to adequately take care of our residents. The staff we have now are working double shifts including administrative staff in order to provide quality care. Is there any way we can go back and do in-house training for CNAs? That would help some of our issues but we also need med aides and nurses. Seems no one wants to work either because of COVID or unemployment benefits. We have exhausted all our resources...Also wondering how this will affect us with the survey process.

A: We are also concerned with this and we are hastily working on it. Numerous discussions have been held in the last few days related to staffing issues. We do face some constraints because of laws. We are in consultation with our general council and leadership. We are also holding discussions on the in-house training for CNAs. As soon as we have any information, we will quickly get it out. As far as survey, the Federal waiver is still in place. When the COVID-19 State of Emergency for Oklahoma was rescinded, it put our licensure requirements back in place. We are trying to address this also.

10. Q: What should we do if we have temp CNA's currently in our facility?

A: For right now, if you have temp CNAs in your facility, continue to work them. The expectation for licensure is to get them tested by September. We are working on this, but that is the answer for today.

Miscellaneous:

11. Q: Can you please highlight the changes made to the grids on 08/02/21 rather than making us figure it out?

A: The only change we made to the nursing home grids was to update the link and instructions on where to locate the County Positivity Rates: "CMS County Positivity Rate (refers to the CMS color-coded positivity classification). Click the link below and scroll down to the section titled COVID-19 Testing - Please see the Test Positivity Rates Resources and click the blue hyperlink - Test Positivity Rates. The report will download automatically. <https://data.cms.gov/covid-19/covid-19-nursing-home-data>"

12. Q: What is the medical facilities phone number?

A: Medical Facilities phone number is 405-426-8470. This is also the number for CLIA testing information. You can also email them at medicalfacilities@health.ok.gov. All of the managers monitor this email. You can locate this information on the OSDH webpage and in the CLIA information that is located under Long Term Care (LTC).

13. Q: Are there any stats related to the Pfizer vaccine and shingles?

A: We have no knowledge of that.

14. Q: Can you expand on the risk assessments? Do you have a form we can use to help us cover everything?

A: We do not have a form. The [NH Miscellaneous Grid](#) provides some considerations for risk assessments. It reads, "*Considerations for Risk Assessments - In every case, individual facilities need to consider "their" risk assessments. This concept should be applied when reviewing the following information:*

- *Community transmission rates*
- *Consider the individuals needs and use a person-centered approach*
- *Adherence to Infection Prevention Control practices in healthcare setting, in transportation, and in the community*
- *Although not preferred, any healthcare facility considering waiving quarantine for fully vaccinated patients or residents with a prolonged close contact exposure as a strategy to address critical issues should consult public health officials and infection control experts."*

These are just starting points and every facility's challenges will be different. Look at your risk assessment as a living document which will be continually changing as your risk factors or the guidance changes. Consult with the other professionals, in and out of your facility, to allow for a more comprehensive assessment. Your team can help you identify the areas of risk you need to address and what your goals should be.

CDC has provided an [IPC risk assessment](#) in [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#). You will need to add COVID-19 under *Outbreak – Related Other*.

15. Q: How are you all making sure staff knows which residents are vaccinated or not vaccinated? Can we let others know what team members are not vaccinated? Example - when eating in dining room, it makes a difference if table of vaccinated or if someone is unvaccinated? How do you let staff know?

A: The knowledge of who is vaccinated and unvaccinated is on a need-to-know basis. CMS has strongly advised the facilities to not use a system where vaccination status can be known, such as wrist bands or necklaces. If you are using the appropriate infection prevention and control measures, you are helping to mitigate and reduce the risk of spread. Be careful with over sharing as this can be considered protected health information (PHI). We recommend you contact LTC for discussion related to your facility's concerns.

16. Q: Would it be possible for Jeneene Kitz to do weekly meetings like this for infection control? Things are constantly changing along with staffing.

A: Jeneene works in the Acute Disease Services (ADS) area and partners with LTC. She has many other responsibilities and we do not control her schedule. It also takes a team of people behind the scenes to manage these calls and since Jeneene is basically a team of one, it would be very difficult for her. We do recommend you reach out to Jeneene if you have concerns related to infection prevention and control.

17. Q: Regarding the Infection Preventionist and ongoing training. What type of on-going training is required to keep them certified as an IPO? The only instruction that I have been able to find is that they are to have "on-going" training after completing something like the comprehensive CDC IP training.

A: When CMS is vague on the guidance related to ongoing training, go back and look at the initial training to determine which pieces may have changed. Look at how you are ensuring your IP is current on the standards. There are some additional courses or certifications the IP may enroll in for continuing education related to their role. The important thing is for them to be able to be alerted to the numerous changes taking place so they can educate themselves and the facility.

18. Q: How quickly will this recording be posted?

A: The call recording, the Key Guidance and Q&A documents should be posted the following Wednesday after the call.

Dr. Frasier's final comments:

Thank you for all you are doing. This has been helpful to us so we know what all your concerns are. We are constantly trying to make sure that we are on top of anything that affects you, because if it affects you it is very important to us. We want you to know that as you are being required to ramp up to what is happening, we are doing the same. We are advocating everywhere we can and trying to make sure everyone understands what you do. We do appreciate you and are working hard to make sure anything we can do to smooth the path to allow you to appropriately take care of the residents, we are working hard to do. Thank you for your time. Thank you for participating and thank you for partnering with us in caring for the residents of Oklahoma.

If you are not receiving the GovDelivery.com emails, please contact LTC@health.ok.gov to be placed on the mailing list. We are resuming these calls every two (2) weeks. The next calls will be on Wednesday August 25th at 1:00 p.m. for NF/SNF and at 3:00 p.m. for AL, ICF-IID, RC and ADC.

Links provided in the Q&A chat box or in Q&A:

CDC - Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

CDC - Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

CDC - Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

CMS - COVID-19 Nursing Home Data page (Testing Positivity Rates) - <https://data.cms.gov/covid-19/covid-19-nursing-home-data>

CMS - QSO-20-38-NH Revised - <https://www.cms.gov/files/document/qso-20-38-nh.pdf>

CMS – QSO-20-39-NH Revised - <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

OSDH – LTC COVID-19 Resources (Grids) - <https://oklahoma.gov/health/protective-health/long-term-care-service/ltc-covid-19-resources.html> Scroll to the bottom of the page for the link to the grids.

OSDH - Long Term Care Facility Guidance for COVID-19 Variant Testing - <https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/covid-19/2021-07-27%20LTC%20Guidance%20for%20COVID%20Variant%20Testing.pdf>

OSDH – LTC contact – email LTC@health.ok.gov phone number 405.426.8200

OSDH – Medical Facilities contact (CLIA) – medicalfacilities@health.ok.gov phone number 405.426.8470